

Wasatch County Hospital
APPLICATION FOR APPOINTMENT TO THE MEDICAL STAFF

Hospital Wasatch County Hospital City and State Heber City, Utah
Name in Full Rhodes Jerry Robert Date Feb. 26, 1974
LAST FIRST MIDDLE
Office Address _____ Telephone _____
Residence Address _____ Telephone _____
Sex Male Marital Status Married No. of Dependents Four Citizenship U.S.
Date of Birth Aug. 31, 1943 Birthplace Pocatello, Idaho
Premedical Education: College or University Brigham Young University

Degree none Date of Graduation _____

Medical Education: Medical School University of Utah

Degree M.D. Date of Graduation June, 1971

Internship: Hospital LDS Hospital, Salt Lake City Date 6/71-6/72 Rotating ☐ Special ☒

Date _____ Rotating ☐ Special ☐

Licensures Arizona Aug. 1972 License No. 7095 Registry No. 125302372 Reciprocity ☐ Examination ☒
STATE OR PROVINCE DATE ISSUED

Utah Feb. 1974 License No. 4858 Registry No. _____ Reciprocity ☒ Examination ☐
STATE OR PROVINCE DATE ISSUED

Has your license to practice medicine in any jurisdiction ever been suspended or revoked? If so, give full details on separate sheet. NO

Residencies Tucson Hosp. Med. Ed. Program General Surgery Date 7/72-7/73
HOSPITAL AND TYPE OF RESIDENCY

Louisiana St. University General Surgery Date 7/73-7/74
HOSPITAL AND TYPE OF RESIDENCY

Fellowship _____ Date _____

Assistantships _____ Date _____

_____ Date _____

Teaching Appointments _____ Date _____

_____ Date _____

Postgraduate Education _____ Date _____

INSTITUTION PRECEPTOR ADDRESS

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Membership on Other Hospital Staffs (past and present) St. Joseph's Hospital, Tucson, Arizona

St. Mary's Hospital, Tucson Arizona;

Have your privileges at any hospital ever been suspended, diminished, revoked, or not renewed? If so, explain in full detail on separate sheet. NO

Membership in Medical Societies AOA; AMA

Have you ever been denied membership or a renewal thereof, or been subject to disciplinary proceedings in any medical organization? If so, give full details on separate sheet. NO

Fellowship: American College of Surgeons ☐ American College of Physicians ☐ Date _____

Fellowship in other specialty colleges _____ Date _____
NAME OF COLLEGE

Certified by American Board of _____ Date _____
NAME OF BOARD

References and Addresses (preferably preceptors or previous medical associates) Kitchner Head, M.D., Driggs, Ed.

Quinton Harris, M.D., S.L.C., D.K. Miller, M.D., S.L.C., J.P. Hunter, M.D., S.L.C.

On separate sheets list scientific papers, essays, and theses you have written, and scientific meetings you have attended during the past three years.

Privileges Desired Gen. Surgery, OB-GYN, Internal Medicine, Pediatrics, Emergency Room
Gen. Admissions and Patient Care
Previous Experience in Specialties Applied for: 3 years Gen. Surgery Residency, special rotations on
OB-GYN & Medicine

General Surgery: Number of Operations Performed Approx. 400 Number of Operations as Assistant Approx. 800
Names of Preceptors _____

Gynecology: Number of Gynecological Operations Performed 50
Number of Gynecological Operations Performed as Assistant 100

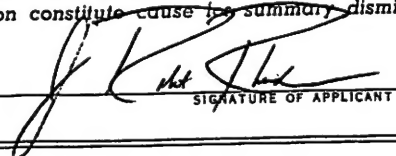
Names of Preceptors Victor Stevenson, M.D., SLC

Obstetrics: Number of Normal Deliveries Performed 40 Number of Abnormal Deliveries Performed 10
Names of Preceptors Victor Stevenson, M.D., SLC

Medicine: (Describe experience in general medicine) Member Medicine Honors Program in Med. School,
Entire Sen. Yr. of Med. School in Med. Electives, Two months rotation during internship
Names of Preceptors E. Englert, M.D., SLC, Quinton Harris, M.D., SLC

Other Specialties: (Name and describe experience) Special rotations: Thoracic, Pediatric, Neurological,
Plastic, Vascular, Emergency, ENT & GYN Surgery
Names of Preceptors Russell Nelson, M.D., SLC, D. Johnson, M.D., SLC, M. Aronoff, M.D., Tucson
M. Kartchner, M.D., Tucson, Robert Fell, M.D., Lafayette, La.

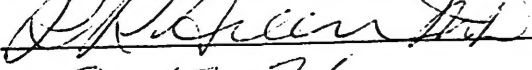
In making application for appointment to the medical staff of this hospital I agree to abide by its bylaws and by such rules and regulations as it may from time to time enact. Moreover, I specifically pledge that I will not receive from or pay to another physician, either directly or indirectly, any part of a fee received for professional services, and I fully understand that any significant misstatements in or omissions from this application constitute cause for summary dismissal from the staff.


SIGNATURE OF APPLICANT M.D.

CREDENTIALS COMMITTEE

Above Application Was Reviewed by the Credentials Committee with the Following Recommendations:

Appointment to the Honorary ☐ Active ☒ Associate ☐ Courtesy ☐ Division of the Medical Staff
Medicine,
With Privileges in Gen. Surgery, Ob-Gyn, Internal With Privileges Limited to _____
Pediatrics, E. R., Gen Admission & Pt. care
Appointment to be Deferred ☐ Appointment Not Recommended ☐

Signed:  M.D. _____ M.D.
Date 8-13-76 _____ M.D.

EXECUTIVE COMMITTEE

Approved by the Executive Committee of the Medical Staff of _____ NAME OF HOSPITAL
Date _____ SECRETARY OF EXECUTIVE COMMITTEE _____ M.D.

GOVERNING BOARD

Appointed by the Governing Board of _____ NAME OF HOSPITAL
Date _____ SECRETARY OF GOVERNING BOARD _____ M.D.